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ON THE INDUCTION OF PREMATURE LABOR—MODES OF EFFECT- ING IT.

[THE following communication, received from Dr. H. R. STORER, will form a part of Prof. SIMPSON's forthcoming work, and is now for the first time published.—Eds.]

A variety of means or plans have been proposed for the artificial induction of premature labor, in those various and important complications which are now so generally recognized by the obstetric profession as demanding this mode of operative interference.

Thus it has been attempted to excite the uterus into parturient action—1. By external abdominal frictions, so as to irritate its outer surface; 2. By passing currents of electricity or galvanism through its walls; 3. By irritating other, and even distant, parts or surfaces, as the vagina, rectum, or nipple, that are known to possess a marked reflex power over the contractility of the uterus; 4. By the internal exhibition of ergot of rye and other oxytoxic remedies; 5. By the evacuation of the liquor amnii; 6. By the dilatation of the os uteri; and, 7. By the separation of the membranes from the cavity of the cervix or body of the uterus by the finger, by instruments or sponges, or by the injection of fluids.

The three first of these modes of inducing premature labor are—alone and singly—so very uncertain in their results, and so generally and entirely fail, that few or no accoucheurs place any confidence in them;* and to the fourth the same objection applies, with this addition, that the ergot, even when it has succeeded, has proved too dangerous in its effects upon the child to be used in an

* Several years ago I attended a case with Dr. Thatcher, in which we applied a child to the breast with the object of exciting pains. Some hours before, I had introduced a large sponge-tent into the os uteri. There was a wet-nurse in attendance to suckle our patient's infant as soon as it was born. It was the nurse's child which we applied to the nipples; and, as she thought, with the effect of increasing the uterine contractions and pains, which had already begun to appear. I have never, however, seen such an application of an infant to the nipples *originate* uterine contractions, nor in the two or three cases in which I have tried the plan of Schoeller and Braun, of distending and consequently irritating the walls of the vagina with masses of sponge or a dilating caoutchouc bottle, have I been at all successful in exciting the uterus to parturient action. I have not seen the abdominal frictions of D'Outrepoint and Ulsamer tried.—On Galvanism, see page 376.

operative procedure, instituted, as this usually is, for the very purpose of saving the infant.

The fifth mode which we have enumerated above, viz., the evacuation of the liquor amnii, is, of all the methods proposed, both the oldest and assuredly the most sure and fixed in its effects. But, as a common means, and when labor is induced to save the infant, it is liable to one strong objection, viz., that it is undoubtedly much more dangerous to the child than the employment of operative procedures, which—as the dilatation of the os, or the separation of the membranes—allow the bag of membranes to remain entire, and thus keep the fragile and premature infant protected by the amniotic fluid during the progress of the labor, or at least during the earlier stages of it.

In by far the greater number of instances in which I have had occasion to induce premature labor in private and consultation practice, I have always, in the first instance, avoided the artificial evacuation of the liquor amnii, and have proceeded upon the principle either—I. Of dilating the cervix uteri, or, II. Of separating the membranes; or rather I have acted upon both of these plans conjointly, for it is difficult or impossible to follow out thoroughly the one indication without, in some respect at least, following out the other also.

I. DILATATION OF THE OS AND CERVIX UTERI.

In exciting premature labor upon this principle, accoucheurs have used three different means—1. The finger; 2. Metallic dilating forceps and instruments; and 3. Sponge-tents. To stretch, however, and open the os uteri by the finger or by metallic dilators is a process so irritating and painful, that few or no practitioners now use it; especially as the same object can be effected more easily and safely by the introduction of compressed sponge.

Sponge-tents were first proposed as a means of inducing premature labor by Kluge and Brunninghausen; and they have been much employed for the purpose both in Germany and France. All the continental accounts, however, of their employment, up even to the present day, describe the introduction of the tents into the os uteri as a complicated operation, requiring always the aid of the speculum, and the use of a vaginal tampon, or other means, to keep the tent in situ. But there is no necessity whatever for such formidable arrangements. In 1844, when first mentioning the induction of premature labor in this country by sponge-tents, I attempted to show that they could be easily introduced and employed without any vaginal speculum or tampon, or in the simple mode already described in a preceding paper on Intra-Uterine Polypi (see p. 127). And for several years subsequent to that date, I had recourse to this mode of inducing premature labor in a long series of cases; always with perfect success as regarded the mother, and in a large proportion of cases with safety also as regarded the child.

I never found this means fail, although in a few instances I have

seen the dilatation effected to the size of a half-crown or more, for thirty or forty hours before true uterine contractions set in. Generally, however, parturient action began long before the dilatation of the os uteri had reached these dimensions; and when it did so, a considerable part of the first stage of labor was thus, as it were, found finished before actual labor commenced. Sometimes uterine pains and contractions began as early as four or six hours after the sponge-tent was introduced, especially if the tent were of considerable size, and means were used for its rapid development. In almost every case, the first tent employed may be as thick as the little finger; and the patient should be directed to have injected into the vagina every hour or two, a small quantity of warm water for the imbibition and expansion of the compressed sponge. She should lie on the back during, and for some time after, each injection, in order that the water may be more thoroughly retained. After the first sponge is fully dilated, it may be withdrawn, and a second and larger one introduced; or, without removing the first, tents of a greater and greater size may be introduced at intervals of six or eight hours, till the os uteri is thoroughly dilated or labor supervenes.

To the induction of premature labor by the use of sponge-tents, I have heard some accoucheurs object, on the ground that, from want of practice, they have had difficulty in introducing the compressed sponge into the os uteri. A much more important drawback to the method will be found in the circumstance, that the presence of a large sponge-tent in the canals of the cervix uteri and vagina, sometimes, as a foreign body, produces such a degree of local uneasiness and irritation, as to inflict no small amount of discomfort and continuous pain upon the patient. It is principally on this account, and to avoid this difficulty, that, of late years, I have in my own practice commonly brought on premature labor by the other means already alluded to, namely, the detachment of the membranes—a process not requiring the permanent retention of any material in the maternal passages, and capable of being effected with probably less difficulty and trouble to both practitioner and patient.

II. SEPARATION OF THE MEMBRANES.

In the induction of premature labor, the membranes of the ovum have been proposed to be mechanically separated from the interior of the uterus, by different means, to different degrees, and in different localities.

The idea that the partial artificial separation of the membranes would lead on to labor occurred first to the late Professor Hamilton; and he was himself the first also to put it in practice as far back as 1795.

Dr. Hamilton's Method, by the Finger, &c.—In operating, he detached "a portion of the decidua from the cervix uteri," by the introduction, first, of his finger, and ultimately of a bent brass wire. His friend Dr. Burns describes Dr. Hamilton's operation as consisting of "insinuating a finger within the os uteri, and gently di-

lating it, and detaching a part of the membranes from the portion of the cervix in its immediate vicinity." "If," he continues, "we have not thought it prudent to dilate at once the os uteri, so as to admit the finger freely to touch the membranes, we may repeat the dilatation gently at the end of a few hours, and then detach the membranes cautiously from the cervix uteri by the finger to the extent, perhaps, of two inches. But for this purpose," Dr. Burns adds, "it may be necessary, if the os uteri be high, to have the *hand* introduced into the vagina; or sometimes the detachment has been accomplished with a catheter or other small instrument." As thus pursued, this mode of inducing labor by separating the membranes from the cervix, was not always unaccompanied with pain, particularly when the fingers, and especially the hand, were introduced; it was often very tedious, and sometimes it failed, as Dr. Hamilton himself states, and the operation required to be completed by puncture of the membranes and evacuation of the liquor amnii.

Dr. Kiwisch's Method, by Injection of Water.—In 1846, Professor Kiwisch proposed to bring on premature labor, by injecting a stream of tepid water into the vagina, and against the cervix and os uteri. His apparatus, as delineated by Scanzoni, consists of a small square tin box or reservoir of water, fastened to the wall at the height of nine or ten feet, and from the bottom of this reservoir a tube hangs down, the end of which is, when required, introduced into the vagina, so as to allow a strong continuous stream to pour through it, against the cervical portion of the uterus.

The douching or injection was recommended to be repeated morning and night, and commonly labor supervened on the fourth or fifth day.

This plan of Dr. Kiwisch's was shortly afterwards tried successfully in Vienna, Berlin, &c., by various Continental practitioners. In April, 1851, I described a case to the Edinburgh Obstetric Society, in which I used this method. It was an instance where the patient had repeatedly found the child to die a short time after quickening, and retained it for six or eight weeks subsequently. During her last pregnancy, the same occurrence took place with the same symptoms. A few weeks having elapsed, she threw up tepid water at my request, twice a-day, with the view of bringing off the dead fœtus. After nine douches, applied night and morning with a common syringe, expulsive pains came on, and a dead and shrivelled fœtus and placenta were expelled. In the course of that and the subsequent years, I had various opportunities of bringing on premature labor by the same means, and, as I always found, with almost perfect certainty as to the power of its induction.

Professor Kiwisch imagined that the vaginal water injection induced labor by the imbibition of the fluid relaxing the soft parts. The flow of a gentle and small stream of water into the vagina ought, if this were the true principle, to act as well as a stronger

current. But a short experience convinced me that this was not the fact; and it soon became evident—1. That the water douche was liable to fail, unless the injected fluid accumulated and distended the vagina, so as to expand that canal and enter the os uteri; and 2. It seemed the more rapid and certain in its action, in proportion as it entered freely into the uterine cavity itself, and in proportion, therefore, as it separated more of the surface of the fetal membranes from the interior of that cavity.

In only two or three cases did I try an elevated box and syphon tube, like that originally suggested by Kiwisch. From the first, I found a common enema syringe a far better and more manageable apparatus. Usually I have employed the India-rubber syringe of Dr. Kennedy, or that of Mr. Higginson. At first I merely injected and distended the vagina, retaining the fluid in it by closing the vulva with pressure of the fingers or hand, and thus forcing the water to pass upward through the os into the uterine cavity; but I soon found it a simpler and more direct plan to introduce the end of the syringe through the uterine orifice, and thus send the stream directly into the interior of the uterus, without unnecessarily distending the vaginal canal. In most cases it is easy to pass for this purpose the common ivory nozzle of the enema syringe through the os uteri; but when that opening is placed very high, or far backward, I have found that the addition of a longish gum-elastic pipe or bent silver catheter to the nozzle of the tube greatly facilitates the requisite introduction of the instrument through the os and upward for an inch or two, between the membranes and the anterior or posterior wall of the uterus.

While the practitioner is using the syringe and injecting the fluid, the patient should lie on her left side, and with the pelvis placed near the edge of the bed or sofa which she is occupying. A basin properly placed immediately below, both contains the water to be used, and receives it again after it re-escapes from the vulva. The tubes of the catheter and syringe should be carefully filled with the water before commencing the injection, lest a quantity of air be thrown into the uterine cavity. Usually the injection is carried to the extent of the patient complaining of a feeling of distension or fulness; and it may be repeated twice a-day, or oftener, according as it is an object or not to expedite as much as possible the supervention of labor.

It was not till I had used this method for a considerable time, and in a number of cases, that I discovered that a similar method had been suggested and described by Dr. Cohen of Hamburg.

In several cases where the child was placed with the head over the os uteri, I have found it change its position as the water injection proceeded, and an upper or lower extremity to present. Occasionally this preternatural presentation has remained; but more frequently the child has again rotated, and the head again become replaced over the uterine orifice. In no case have I seen any great amount of hemorrhage from partial separation of the placenta.

But the repetition of the injection sometimes becomes irksome to the mother as well as to the accoucheur.

Detachment of the Membranes, by the Uterine Sound, from a Portion of the Body of the Uterus.—Believing that labor was, at the ninth month, induced naturally through the degeneration and loosening of the decidua (see p. 351), I was encouraged last year to try to induce it artificially by the mechanical separation of a portion of the membranes from the interior of the body of the uterus.

In general the stethoscope sufficiently certifies to us the locality of the placenta, and what part or side of the uterus we ought consequently to avoid;* and nothing in the way of an operation could possibly be more simple or more easy and painless than the introduction of a sound, through the dilatable os, and upward for five or six inches, between the membranes and the anterior wall of the pregnant uterus.

In the first case in which I tried this plan, the patient, after having been always delivered in the country by craniotomy, has thrice had premature labor induced under my care. Her three children are alive. On the first occasion, in 1851, she had an apparatus upon the plan of Kiwisch's erected; but it required to be used, and that frequently, for five or six days before labor supervened. On the second occasion, I injected a quantity of tepid water by an enema syringe into the uterine cavity, and the child was born in about twenty-four hours afterwards. Last year, on the third occasion, I saw her late at night along with my friend Dr. Ziegler, and passed a uterine bougie for five or six inches upward between the membranes and the anterior wall of the uterus. The child was born before noon next day. At the time of passing the bougie, the patient herself was not aware that anything special had been done, but believed that I was merely making a common digital examination, in order to ascertain the exact stage of pregnancy, &c.; and she subsequently declared, that, in her experience, this last method was too simple to be capable of being compared with the two other methods to which she had been formerly subjected. But in all cases, a single introduction of the bougie will by no means suffice. Like the tents and douching, it requires in most instances to be repeated more than once. During the past three months of the present year, I have induced labor six or seven times by this method. In one case, in my own private practice, and in another under the care of Dr. Scott, of Musselburgh, the labor was terminated within eighteen hours. In the others, parturition did not come on till the second or third day after the act of separation. In a case which I saw with Dr. Thomson, he used a water injection next day, and on the subsequent day I

* In injecting water we have no control on the *direction* it will take in the uterine cavity, while we can regulate perfectly that of the sound. In one case, from inattention to the uterine sound, I probably separated the edge of the placenta, as a clot was found at that spot. The child was born alive; and the mother recovered perfectly. But with due caution such an accident should be easily avoided.

again separated the membranes with the bougie. Parturient action began that night. In a previous labor of this woman, the child was rotated, and made to present prematurely by the employment of the water injection. All the children have been born alive in the ten or twelve cases in which I have induced premature labor by the uterine sound.

The relative degree of facility or difficulty with which labor is induced artificially in different women, or even in the same woman in different pregnancies, varies very greatly. Where one plan fails, the addition of a second, or of a third method, will sometimes enable us to succeed; and if all modes less safe for the child prove ineffectual, as the separation of the membranes with a uterine bougie, the water injection, and the sponge-tent, we may always at last determine the certain occurrence of uterine contraction by the puncture of the membranes. And if we have recourse to this puncture, we may still in a great measure save the liquor amnii for the protection of the child during labor by making the seat of the opening oblique and as high as four or five inches above the os, as recommended by Hamilton and Meissner. One of the best instruments for effecting this object is that long ago recommended by Dr. Hamilton, viz., a male catheter having an open or truncated extremity, and provided with a silver wire to pass through it for the puncture of the membranes. The membranes, I believe, will sometimes be found to rupture high up when and where they are simply separated from the body of the uterus by the introduction of the knobbed uterine sound or bougie.—(April, 1855.)

THE ALKALINE TREATMENT OF RHEUMATISM.

BY WILLIAM F. CHANNING, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

I SEE a notice, on page 248 of the present volume of this Journal, of the treatment of acute rheumatism by means of frequent two-scruple doses of bi-carbonate of potash.

This treatment seems to be founded on a marked characteristic of rheumatism, an acid condition of the fluids and secretions. Thus the perspiration and copious sweats of rheumatism carry with them a great excess of acid, and the urinary precipitates are generally of the same class. Although not in general practice, I observed several years ago that when exposure to cold was followed by symptoms of acute rheumatism, or even slight rheumatic pains, a present or previous acid condition of the stomach and alimentary canal could usually be traced, where the subject was accustomed to observe his own physical condition.

I have accordingly administered frequent small doses of bi-carbonate of soda until I was sure that an alkaline condition of the

system had been established, and I have seen reason, from the success of this treatment, to recommend the use of this agent constantly from that time to the present. The dose may be from two to three scruples of the bi-carbonate dissolved in two or three fluid ounces of water, taken once in two hours, and it may be continued less frequently until the rheumatic pains have disappeared.

I think preference should be given to bi-carbonate of soda over the bi-carbonate of potash, because soda is one of the natural and essential elements of the human organization, as much so as carbon, oxygen, nitrogen, hydrogen, phosphorus, iron and lime. The bile contains organic salts of soda. This fact is worth remembering in connection with the outcry raised against the use of soda by a certain class of pseudo-medical writers. Of course no plea is made here for the excessive use of alkalies, or the perpetration of enormities in cookery by the abuse of "saleratus."

A great difference exists in the quality of bi-carbonate or super-carbonate of soda sold in the market. When thoroughly super-carbonated, it loses its acid taste, and possible irritating quality, and dissolves perfectly and readily in water. The only article, perfect in this respect, which I have found, has been kept on sale by the late firm of Rushton & Clark, now Hegeman, Clark & Co., of New York.

The alkaline treatment of rheumatism is not necessarily inconsistent in theory with the benefit which has seemed sometimes to follow the use of lemon-juice and acids in the same disease. Remedies seem to act upon the system in two ways: first, by direct action; second, by provoking re-action. Both are probably legitimate methods. But, in the present case, if acidity of the fluids is an essential condition to the existence of rheumatism in the system, the direct method of neutralizing such acidity is so simple and easy that it should be preferred to summoning the vital forces to re-action.

These observations are communicated, not as conclusive on the subject, but because all definite observations, however partial, are of value in medicine, as contributing to the knowledge of disease, and as furnishing suggestions to those whose wide experience enables them to test statements of Theory and methods of Practice.

Boston, May, 1855.

ON THE FLUID EXTRACT OF SCUTELLARIA LATERIFLORA.

BY JOSEPH BATES, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THIS plant, not many years since, was held in high repute, as an antidote in canine madness; and kept as a secret. Dr. Vander-veer is said to have prevented more than three hundred persons from becoming mad, by the exhibition of this agent. It has,

however, since been thoroughly tested, and found utterly worthless in the treatment or prevention of hydrophobia. In consequence of its failure, in the cure of a disease over which medicinal agents possess little or no control, it sank into desuetude, and was by many swept from the catalogue of officinal agents. Conium, now regarded eminently valuable in the treatment of a variety of diseases, once met a similar fate in its history, in consequence of failing to cure scirrhus diseases, for which it had been regarded as a specific. Scutellaria, like conium, will yet be found highly successful in the treatment of many diseases, but is not to be considered as a specific in any.

Lately I have been using Tilden's fluid extract of scutellaria, with signal success, in the treatment of diseases attended with nervous irritation and irritability, restlessness, &c. In the treatment of children, it is invaluable for allaying these symptoms. The dose is a teaspoonful, repeated as often as the circumstances or indications require. It may be relied upon in some forms of hysteria. Patients convalescing from typhoid fevers, pneumonitis, arthritis, &c., or any disease with those symptoms, will be shortly relieved by one or two teaspoonsful of this preparation. I have no hesitation in saying that those who give it a fair trial will find it efficient in the treatment of many diseases for the relief of which small doses of opium are frequently given, without any of its unpleasant sequences. Much more might be added in bringing this subject before the profession, but I have already, doubtless, trespassed in making my communication too long.

New Lebanon Springs, N. Y., May 7th, 1855.

CASE OF IRREDUCIBLE CRURAL HERNIA.

REPORTED BY FERRIS JACOBS, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

JACOB P. SHAVER, farmer, æt. 64, on jumping off his horse felt pain in the groin. His pain was such that he sent for a good physician, Dr. Marcus T. Peak, of Andes. Dr. P. very carefully, and as I think judiciously, applied *taxis* and all other prudent means, but without effect. I was invited to visit the patient some twenty-four hours after Dr. P. first saw him. Being twenty miles from the patient, some time elapsed before my arrival. Having examined him and conversed with Dr. P., the operation was concluded on. The patient was quite fleshy, and hence there was but little tumefaction. The first incision was made across the tumid part—ranging from Gimbernath's ligament down the thigh, some three inches, dividing skin, fascia, &c. With a few more passes, the peritoneal covering was exposed. Gimbernath's ligament lying deep in the mass of muscle and fat below, I was obliged to open the peritoneum. So I pinched up this delicate membrane between the thumb

and finger so as to be sure it was separated from the gut, and shaved it through with a scalpel, thus exposing the intestine largely distended with air, which rose up before me, filling up all the space just made with the knife. Next, the grooved director was passed down over these large inflated intestines, until its point passed under Gimbernat's ligament. The space not allowing a probe-pointed bistoury, I used a spear-pointed one, wound with yarn down near the point. I passed it along the groove and divided the threads of the ligament with its cutting point, and the hernia was readily reduced. The wound was dressed with stitches, compress and bandage. He recovered very well and is in good health, it being now about six years since the operation.

Delhi, N. Y., May, 1855.

VACCINIA AND SMALLPOX.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—The following case is so similar to one recently published in the London Lancet, and is itself of such unusual character, that you may think it worth insertion in the Medical and Surgical Journal.

A nursing infant of Mrs. Q——, some 8 or 9 months old, was vaccinated by myself, after it had been exposed to the contagion of a mild case of varioloid several days. The operation was successful, two perfect vesicles being the result; and on the seventh day I took virus from the arm, and with it vaccinated two other children. On the day immediately succeeding, viz., the eighth, a papular eruption appeared upon the infant, which as it developed itself assumed all the characters of unmistakeable smallpox. The eruption was very full, as full as possible without being confluent, and the disease went on to a fatal termination. The vaccine vesicles, perfectly normal in their character at the time that virus was taken from them, from that day ceased to follow the usual course. They became large, irregular and flattened pustules, accompanying the variola in its development. The children vaccinated with matter from this patient had *genuine vaccine vesicles*, without any unusual constitutional disturbance or breaking out on the skin.

The following points are particularly noticeable in the above case:—

1. The infant must have had latent variola at the time of vaccination.
2. The vaccinia was able to establish itself locally to such a degree as to extinguish at the points vaccinated the latent disorder up to the eighth day.
3. After this period the variola overwhelmed and engulfed, as it were, the vaccinia, and was able to expend its full force upon the system of the patient.

Boston, May, 1855.

Respectfully yours, S. L. ABBOT.

Hospital Reports.**MASSACHUSETTS GENERAL HOSPITAL.**

Compound Fracture of Skull, without Symptoms. Recovery.—(Under the care of Dr. H. G. CLARK. Reported by CHARLES E. STEDMAN, House-surgeon.) Wm. R., married, mechanic, born in Wales, was admitted to the Massachusetts General Hospital March 12, 1855. On the 16th February, while he was hoisting a stone, at Quincy, with a jack, the handle flew off, and striking him in the head, threw him some twenty feet. He bled a good deal, but remained sensible, and no effect on the brain was observed by his surgeon, with the exception of his saying "no" for "yes," and "yes" for "no." After about ten days he had hemorrhage from the wound, and once since that time, which appeared to come from the temporal artery.

Patient is apparently well, walking about the ward, with a large wound on the left side of the head, which gives him no annoyance. His mind does not appear to be very lucid, though his face is an intelligent one. He says that a surgeon from Boston came to see him, and on being asked if it were Dr. Warren, says yes; subsequently, when asked if it were Dr. Townsend, said yes; though neither of these gentlemen had visited him. He describes the accident as above, and says that he was crazy for a week, and also that he does not hear as well as he used to; but thinks his memory is as good as ever.

The wound is situated just back of the left parietal prominence, and is three inches long by one in breadth, and granulating in a healthy manner, pouring out an abundance of pus. Though there is much swelling of the scalp—the wound being an inch deep—the left side of the head has a flattened appearance. The coronal suture is seen crossing the wound, and the upper part of the fracture, which is nearly circular, is about an inch in front of it. This fractured bit of bone, three inches in circumference, is depressed at least five eighths of an inch, as if by great and direct violence. The exposed parts of the bone are denuded of periosteum, and are blackish in some places. The fractured part is readily shaken by the probe, which passes under the integuments for some distance below the wound. The discharge is very copious, running out as fast as it is sponged away. At the lower part of the wound there is strong pulsation. The left eyelid is somewhat swollen, and an incision has been made below the eyebrow, from which a few drops of pus ooze. Pupils are widely dilated, and insensible to light. Bowels are regular. Pulse quiet. Appetite good. Skin cool.

13th.—Complains of no pain on being handled. Discharge is somewhat offensive. Shave head, and use chloride of soda, on the spongio-piline with which the wound is dressed.

April 4th.—This morning, Dr. Clark removed two bits of bone with forceps, one an inch and a half long and three fourths wide, and the other less than half that size. These appeared to comprise the depressed bone, and embrace both tables. The lower part of the wound pulsates, and the probe reaches the brain. A strong pulsation is seen about the posterior part of the wound. Patient appeared weak and faint, and frightened after the operation, and got some wine and water.

5th.—Doing well.

9th. The remaining dead bone is impacted tightly, appearing to be larger at its lower edge than it is above. Granulations have covered in nearly all the bone.

16th.—A triangular bit of bone, an inch long on each edge, was removed to-day by Dr. Clark, after much prying with director and forceps.

17th.—Pupils are more sensible to light, and are more contracted.

29th.—Wound healing. Not much discharge. A piece of bone still loose at lower part of wound, which the granulations have covered. Pulsation is observed over whole surface of bottom of wound. Has vegetable diet and walks out daily.

May 9th.—Pupils are still more sensible to light. Dr. Clark removed a small, thin scale from the wound. The discharge of pus is greatly lessened, and the wound contracting rapidly.

15th.—A small scale, the size of a five-cent piece, was removed this morning; no more dead or loose bone can be felt. The bits, when put together, form a piece of bone two inches by one and a quarter.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL OBSERVATION
BY S. L. SPRAGUE, M.D., SECRETARY.

MAY 21st, 1855.—Dr. CABOT read a paper on vesico-vaginal fistula successfully treated. Dr. WILLIAMS suggested the employment of *serres fines* in such cases, and enumerated some of the advantages to be derived from them. Dr. Cabot thought in this case they might be of use applied between the sutures to prevent leaking.

Dr. Cabot exhibited to the Society pathological specimens from a young man 17 years of age, who had necrosis of a portion of the superior maxilla. Two months ago, the patient had the right lateral, and both central incisors of the upper jaw filled, and into the former, some preparation was introduced for the purpose of killing the nerve. One month since, he first had pain and soreness in and about the lateral incisor, which very soon extended forward to the median line, and backward as far as the place from which the first molar had been removed, six months previously. The cheek swelled so much that it was impossible to open the right eye. At the same time, some swelling appeared about the palatal and alveolar processes of the right superior maxilla, and has continued to increase gradually to the present time.

Three weeks ago, an abscess pointed just above the lateral incisor; it was opened, and discharged a considerable quantity of offensive pus. Even then, all the teeth of the right half of the upper jaw, excepting the second molar, had become loose; the lateral incisor so much so, that it was easily removed with the fingers.

From this date (April 29) the pain has not been acute, but dull and heavy. The abscess then opened, has since filled twice, and discharged itself spontaneously. During the first week there was considerable fever. No dead bone has ever been thrown off.

May 19th.—The patient now presents himself with right cheek rather larger than the left. There is much swelling of the gum, extending along the roof of the mouth to the median line, and limited posteriorly by the second molar, which is perfectly firm. The part feels soft, and is moveable; the probe detects naked bone, and motion gives an indistinct crepitus, and there is fluctuation where an abscess before pointed. Patient was etherized, and an incision was made along the edge of the alveolus, the knife being carried vertically. Four teeth were then extracted, and several

irregular fragments of bone (one as large as a walnut) were removed. There was but little hemorrhage.

21st.—Patient has been very comfortable, and has not felt the slightest inconvenience from the operation.

Dr. Cabot also mentioned the case of a child, 12 years old, who had had one of the middle incisor teeth filled with an arsenical preparation for the destruction of the nerve. In a few hours the patient had great pain in the tooth, the face was swollen, and all the teeth became loose, so that they could be moved. Six weeks afterwards he came to Dr. Keep, who advised that they should be removed, which was done. There was an opening in the cheek through which several pieces of bone came away, and this continued six weeks before all the pieces were removed. Dr. K. has had several cases where teeth were filled with arsenic in which such results followed, and in the case of Dr. Cabot, Dr. K. thought they arose from the same cause.

Dr. Cabot thought it merely destroyed the vitality of the tooth, which then acting like a foreign body, produced ulceration of the alveolus and necrosis. The attachments around soft parts were perfectly healthy in both Dr. C. and Dr. K.'s cases.

Dr. Slade asked whether exposure to the fumes of phosphorus might not have been a cause of the disease. He had seen a case somewhat similar in a girl 18 years of age, who came to him for advice. An incisor of the upper jaw had been extracted. The cheek became swollen, and a small portion of bone followed the exit of the tooth. A molar next became loose, and was extracted, and thus the teeth continued to become loose, and were extracted one after the other for two years. Now she has lost all the teeth up to middle incisors. There was a constant discharge of pus, and a probe passed into the cavity of the antrum. The girl had worked in a factory where friction matches were made, and he attributed the disease to phosphorus. In this case, also, the gums were perfectly healthy.

Dr. Cabot said there was no chance of poisoning by phosphorus in the cases he reported. One of the patients was a school girl, and the other a young man in a comfortable condition of life, not obliged to work for a living. Poisoning by phosphorus was slow, and required time.

Dr. Williams spoke of the practice of some dentists and surgeons, of trephining the alveola and removing the decayed bone.

Dr. Ellis inquired if it was a common practice to make use of arsenic for preserving teeth.

Dr. Cabot replied that it was not employed now by respectable dentists in this country. Teeth filled with arsenic, he was informed by Dr. Keep, all turned to a mahogany color.

Another morbid specimen was exhibited by Dr. Cabot, from a young man, 20 years of age, who had had for two years a tumor near the cervical glands, which increased rapidly and was removed on May 19th. It was about the size of a walnut, smooth, and on being cut open, looked like a scrofulous testicle after cheesy matter had begun to form. The tumor was examined microscopically by Dr. B. S. Shaw, who made the following report:—

The tumor was evidently an *hypertrophied gland*, as its lobular structure lined with epithelium was readily seen. A few fibro-plastic cells and nuclei were intimately mingled with it. The softened yellowish portions distributed through the gland, which had very much the appearance of tubercle, presented under the microscope epithelial glandular cells, filled with granules.

Bibliographical Notices.

On the Chemical Analysis of the Tennessee Collection of Urinary Calculi.

By E. B. Haskins, M.D. Pp. 28. 1855.

This is a "Report read to the Tennessee Medical Society in April, 1854, and published in the Transactions of the Society." One hundred and eighty urinary calculi have been analyzed by the writer, four of which "were from the lower animals." At the end of the pamphlet very good illustrations of the latter are given, and magnified views of the crystals observed in the specimens from human subjects. The large calculus from the horse's bladder is fitly characterized as "a very interesting" one. "Its weight 865 grains : specific gravity 2,100—composition, carbonate of lime with a small proportion of phosphate of lime. It is oblong and smooth on its surface, of pure whiteness, almost as hard as the hardest bone, receiving a smooth polish; its nucleus a section of a twig of one line in diameter." The bit of wood is supposed by the writer to have entered the bladder "from the intestine by ulceration." The others (from animals) were from hogs; one is "a true mulberry calculus," weighing five ounces, eleven grains, and believed by Dr. Haskins to be "the largest of this variety on record." The nuclei of the remaining two of those observed in the hog were dried clots of blood.

The analyses appear to have been very carefully and thoroughly made, and are fully tabulated, ten pages being thus occupied. The amount of time and labor expended upon this "collection" must have been great, and we think the analyst deserves no little praise. He finds that "free uric acid deposits are extremely rare, whilst the urates have been quite common." This, he remarks, is the opposite of the experience of the British and Continental writers, who "speak of the uric acid calculi as the most common variety."—(P. 18.)* We agree with Dr. H. that it would be interesting to acquire further knowledge upon this latter point, and particularly with reference to the question, raised by him, "to what extent this peculiarity (*i. e.*, rarity of uric acid calculi) exists in the United States—whether it be confined to the Mississippi valley, or to particular geological districts; or whether it be more general." The whole subject is one of great interest and importance, and we trust that one seemingly so capable and industrious as the author of this *multum in parvo*, will contribute still more to our knowledge. We have no space to present a fuller notice of this Report. The microscope appears to have been skilfully employed. We notice (p. 21) that "epithelial debris, fibrinous casts of the kidney tubes and a structureless fibrinoid matter were now and then recognized." The writer's experience is, "that those who suffer from urinary deposit do not show any special tendency to, *calculous* troubles; also that the urine of persons afflicted with stone, is found generally quite free from deposit, except there has been great irritation of the bladder from the calculus, or the general health has become much impaired." The Report closes by the statement that it has been intended "to show by the foregoing remarks, that without a nucleus of foreign matter (and by "foreign matter" he means foreign to the urine "in a *chemical* sense," as well as foreign bodies proper) *no* state of the urine (with a few exceptions) will likely give origin to a calculus, and that where there is such a nucleus,

* Dr. Prout thus characterizes the lithic acid calculus.

any state of the urine may form one;" he adds that the facts he has recorded "point to the kidney and the agents that determine its local pathology, rather than to the urine and those agents that modify its chemical nature, as the chief sources of urinary calculi."

While we have been much interested by a perusal of the "Report," we must say that the apology of the printer for the "hiatus" on what should be the 18th page, is all very well, but one is equally demanded from the proof-reader, or whoever neglected his corrections, supposing them made. With a table containing *twenty* errata, for a pamphlet of 26 pages, we should hardly expect additional and apparently unnoticed errors; such as "anlyses" for analyses (p. 18), "comon" for common (ditto); "deposit" for deposit (p. 19). A *very* new hand and eye would hardly be excusable for this.

Quarterly Summary of the Transactions of the College of Physicians of Philadelphia. New Series. Vol. II., No. 8. Philadelphia: Lippincott, Grambo & Co. 1855. Pp. 57.

THIS number of the Transactions contains a most elaborate report on the Meteorology and Epidemics of Philadelphia for the year 1854, by Dr. Ruschenberger, consisting of a Meteorological Summary for the year, and Tables exhibiting the mortality under different aspects. The first of these is a series of six tables, showing the mortality from Diseases of the Lungs and Air-passages, of the Nervous System, of some Organs of Nutrition, of the Urino-Genital Organs, from Fevers, and the causes assigned for death where the number is 90 and upwards. Under these general heads, each separate disease is given, with the number of deaths in the five preceding years, as well as in each quarter of 1854. Next follow tables exhibiting the mortality of each disease in each week throughout the year 1854, the deaths of adults and minors being distinguished. These tables must be invaluable aids in the study of disease in Philadelphia, besides being of more general utility, and they reflect the highest credit on the ability and industry of Dr. Ruschenberger.

The other contents of the work consist of a paper by Dr. Wister on a case of Disease of the Heart; one by Dr. Rand on the treatment of Diabetes by Benzoic Acid; a discussion on the elimination of Mercury from the system by means of Iodine; etc. etc. This work is published quarterly, at the price of 25 cents per number, or \$1 per year. It is hardly necessary for us to recommend a work containing papers and discussions by the most eminent men in Philadelphia, and which can be had at so low a rate. The printing and general appearance of the book are excellent, and evince much taste on the part of the Publication Committee. It may be had in Boston of Pettridge & Co.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 31, 1855.

POPULAR MEDICAL DELUSIONS.

A VOLUME might be written upon this theme, yet the few remarks we have to offer may not be wholly unavailing. Certainly in no other matter of great importance are people so unwise and preposterous in their proce-

dures as in the care of their health and in the measures to which they resort for its restoration when impaired. Not content to entrust themselves to those who have devoted many years of patient and self-denying labor to acquiring a knowledge of diseases and their remedies, they rush blindly for relief into the arms of the foreign adventurer or native peripatetic, deceived by promises loud in sound, but impossible of fulfilment. The conscientious physician, whose time and means have been freely expended in fitting himself for his honorable and responsible profession, feels it to be a grievous wrong that an intelligent community should permit the impudent pretender to medical skill to move by his side, ostensibly upon the same high errand. Not only, however, is this allowed, but it is *encouraged*, and by those too, who, were similar treatment shown to them in the exercise of their occupations, would instantly complain of the injustice. Professional men, even, do not scruple, in this and in every community, to flatter and feed the quack, at the expense of honest, competent and scientific physicians. Clergymen are particularly obnoxious to this statement. From the huge humbug of homœopathy, to the most despicable of spirit-rapping and *clairvoyant* fooleries, the world runs mad for "*some new thing*." Now it is a truth which none can deny, that physicians have very rarely, almost never, deigned to utter a word of remonstrance at the folly of those who choose to employ ignorant, pretentious and unprincipled practitioners. The aims of the profession are too high and its ministrations too sacred to admit of its members contending with such persons for that emolument which properly belongs to them alone. There is none of that blazonry and boasting, which takes the popular eye and ear, about the true physician; and he is willing to leave these means of sustenance to the miserable individuals who would certainly starve without some such specious show. Most of the medical man's duties are quietly done; his "cures" are not pamphleteered about the streets, and his "advice gratis" is almost never *known*, though many have it, daily.

It has always seemed to us that people in general lose sight of common sense in their management of the delicate system upon which they permit, nay even solicit, "Dr." (alas for the honor of this prefix in our days!) Any Body to come and tinker! If a watch require repairs, does the owner take it to a blacksmith, or to any one who will proceed hap-hazard to its rectification? especially, would it be entrusted to a person who had never even seen its internal mechanism—much less, carefully studied it? Quite as unreasonably do they act who place their bodies at the disposal of those who have one remedy or mode of treatment for every ailment, or who audaciously append to their names the dishonored title of "M.D.," their previous occupation having been (as in an instance lately exposed in New York) that of groom to a gentleman's horses, or something quite as Esculapian!

To the disgrace of the daily press (with only one or two honorable exceptions), the most culpable support is given to those who thus literally trade and speculate in health and life. For the sake of pelf, papers whose managers would frown most indignantly were their "respectability" questioned, are defiled with the most disgusting and vulgar advertisements; while editors and publishers alike look complacently upon the sneers indulged in at a noble and unselfish profession. Not many weeks since, one of our most valued and widely circulated papers allowed the publication of an infantile attempt at ridicule of what was termed "baby Allopathy," and which was feebly ejaculated by a disciple of Hahnemann on the occasion of the celebra-

tion of that enthusiast's birth-day. This is not the place to show that the term "Allopathy" is one "of reproach," as we once heard a distinguished physician of this city aptly designate it; nor that legitimate and reliable medicine is incapable of invidious and petty divisions; we have referred to the journals, only to show how largely they minister to the diffusion of popular medical delusions. The injury done to the uninstructed, who are induced by the diurnal repetition of the promises of impostors to waste their money, undermine, and frequently to ruin, their health, is incalculable; and the blame attaching to those who are thus the aiders and abettors of the mischief, is in a corresponding ratio. In this age of tough and elastic consciences, we do not expect that any representations we can make will be of much real advantage to the deceived, or that they will diminish the number of the deceivers. Still it is no less a duty to expose the rottenness of the foundation upon which so many are willing to stand.

We could state many instances, had we room for them, in which the representations of the victims from whom money, time, and health had been filched, and confidence in the good intention of *any* medical advisers nearly destroyed, were enough to rouse the slowest pulse with indignation at such treachery, and to make those who were guilty forever hang their heads with shame, were not this feeling unknown to them. Were the accumulation of money the ruling motive or even a common one, with physicians, their best course would be to encourage quackery and favor the increase of bold and incompetent experimenters—for nearly every medical man, we venture to say, can refer to almost numberless instances of application for advice after disastrous experiences with empirics. The dishonesty of the latter is so glaring that it is wonderful they do not sooner expose themselves to their dupes. The homœopathic practitioners, who pretend a scientific basis for their absurd system, might be forgiven for their nonsense, but never for their not infrequent duplicity; it is well known that while purporting to give infinitesimal doses, they often administer powerful ones. Only a few days since, we heard the following prescription read, and which was written by a homœopathist in this city:—*R. Potassæ Iodidi, ℥ss.; Hydrargyri Deutiodidi, grs. ij.; Aquæ Destillatæ, ℥iv. M.* *Dose*, one teaspoonful three times a day. Still more abominable (when its source is considered) is this, frequently ordered (on the testimony of a highly respectable apothecary). Hydrocyanic acid and concentrated nitric acid, combined; the formula and direction being such that eleven drops of prussic acid and six drops of nitric acid were given for a dose, three times a day! Marvellous, but true. These delusions of the public are common. Another of this class of practitioners ordered, for a child, frequent teaspoonfull doses of cod-liver oil and lime. How can those be trusted who thus set *truth* and their own dogmas alike aside? We have often thought that action at law might well be taken against these medical pirates, under a charge of obtaining money "by false pretences."

To give the reasons why the public so rashly hazard health and life in the numberless ways open, like sepulchres, in every direction, would occupy too much space; neither can we, at present, expose all the tricks of the harpies by whom society is infested. Those who, while they must know better, assist them to their prey, are *more culpable* than they are themselves. The highwayman will stop the traveller, that is his occupation; the wild beasts will destroy, to satisfy their own insatiable appetite; and the quack will rob and batten—to help him, however, is not only needless, but virtually to trample upon both law and common rights.

Not long since, in a respectable family, we were asked to see a patient who was under the care (?) of a "mesmerist," who had represented the case as desperate,—that if recovery took place, it would be a miracle, &c.,—but that *he* would *try*! While declining, of course, to prescribe, although asked to do so, curiosity prompted us to a partial examination of the patient's condition, and so exaggerated had been the statements, and so melancholy was the *delusion* in this case, that we felt bound to expose the arch cunning of the pass-maker, and pronounce the patient not dangerously ill, nor "near her death"—and even that certain very ordinary measures, with proper diet, would be followed by recovery. Great astonishment was manifested—these people evidently believing that unless so many mesmeric passes were made, every day, no chance, even, remained for recovery. The means hinted at were compelled, by the family, from the practitioner, whom they chose still to retain; restoration to the usual health took place, although the invalid was quite old and of broken constitution. Doubtless the "passes" obtained the merit of cure. Such actual superstition in our midst puts humanity to shame.

Notwithstanding the unforgotten evils of nearly defunct Thomsonism; the drownings by injudiciously applied hydropathic measures; the hair-breadth escapes from, and actual deaths under, the inactivity or deceit of Homœopathy,—which system its originator, even, as we are reliably informed, dared not to trust in his last illness;—in spite of ignorance, as legible in the men themselves as are the letters on their hand-bills and in their newspaper puffs,—we dare say that multitudes will annually sacrifice themselves to popular medical delusions.

Contagiousness of Puerperal Fever.—Our correspondent, Dr. Chandler, of St. Albans, Vt., in a recent note to the Editors, directs their attention to an article, written by himself, in the 33d volume of this Journal, descriptive of an endemic of puerperal fever which prevailed in Rutland County in 1820. It was characterized by the occurrence of the fever in women confined with their *first* children, and in those only; and, what is still more remarkable, no case of *first labor*, in the hands of any of the physicians within the limits of the endemic, escaped without the supervention of the fever—and all the fever patients but two were said to have died. This continued for 10 or 12 weeks. Dr. C. is desirous—and we would add our own urgent request to his—that Prof. Perkins, of Castleton, who was then a practitioner in the locality of the endemic, and is still living there, would furnish the profession with the particulars respecting it, so far as they can now be collected from records or memory.

Great Work by Professor Agassiz.—We notice with great pleasure that Professor Agassiz is about to publish the results of his laborious investigations in the natural history of this country. This work, which has been many years in preparation, will be issued in about ten large volumes, each complete in itself, and for sale separately at twelve dollars. The work will be abundantly illustrated by engravings, and no pains will be spared to render its mechanical execution worthy of the very great importance and interest of the subject. It is obvious that such an undertaking can hardly be profitable in a pecuniary sense, and we earnestly hope that a liberal subscription will at least insure the learned and distinguished author against loss in an undertaking which will shed so much lustre on his adopted country.

Medical Books and Instruments.—We learn that a number of medical books, and a few instruments, belonging to the late Dr. William T. Parker, are for sale at the store of Mr. S. H. Woods, apothecary, Tremont street. From a knowledge of Dr. Parker's library, which, although small, contained many select works, we feel sure that students in medicine and others who desire good books at a reduced price, may find such in this collection. There is also a valuable American edition of the Edinburgh Encyclopædia, in 16 vols., with an Appendix in 3 or 4 vols., the original cost of which was five dollars a volume; it may now be procured for less than half that sum. It would be a desirable addition to any library. We trust these books may find purchasers.

Medical Miscellany.—The Massachusetts College of Pharmacy have petitioned the City Government that its members in Boston may be appointed agents to sell spirituous liquors for chemical, medicinal and mechanical purposes.—Dr. Charles D. Homans has been elected a member of the School Committee of this city, for Ward 7.—The use of tartar emetic, as a remedy for drunkenness, in two-grain doses, as recommended in the London Lancet some time since, by Dr. Gilbert, has been found useful in the practice of Dr. Weaver, an English practitioner; but a correspondent in the London Lancet very properly questions the safety of the common use of so powerful an agent.—Drs. W. L. McMillen and W. R. Thrall, of Ohio, gentlemen of high standing in their profession, are about repairing to Russia, to enter the military service as surgeons in the Russian army.—Prof. Asbury Evans has vacated the chair of surgery in the Ohio Medical College, and will practise his profession in Covington, Ky.—One hundred and eighty six children were vaccinated at the Williamsburg (N. Y.) Dispensary between the 1st and 20th of May.—The "Stethoscope," a monthly journal, heretofore issued by the Medical Society of Virginia, has been purchased by the publishers, Messrs. Ritchie & Dunnavant, by whom it will be issued regularly as heretofore.

NOTICES.

We hope to be able to present in our next number a report of the proceedings of the Association of the Superintendents of Insane Asylums during their late session in this city.

Communications Received.—On the Frequency of Inflammatory Affections of the Os Uteri, and their Pathological value.—On the use of Coconut Oil in Pulmonary Consumption, as a substitute for Cod-Liver Oil.—Medical and Surgical Experiences at the House of Industry, No. II,—cases of Pleuro-Pneumonia and Traumatic Retention of Urine. On Pus in the Urine.

In the Hospital reports, in the last number (page 317), in the 10th line, instead of "military" read "Miller's."

MARRIED.—At South Hadley, 13th inst, James M. Selfbridge, M.D., of San Jose Valley, Cal., to Elizabeth Loveridge, of Mount Holyoke Female Seminary.

DIED.—In Middletown, Ct, Dr. Hamilton Brewer, aged 40 years.—At Sebastopol, Russia, March 20, of typhus fever, Dr. Isaac Draper, Jr., son of Isaac Draper, Esq., of South Attleboro', Mass., 31.—In Portsmouth, N. H., May 25, Dr. Joseph Dwight, aged 79 years 9 mos.

Deaths in Boston for the week ending Saturday noon, May 26th, 61. Males, 28—females, 33. Accident, 2—inflammation of the bowels, 1—inflammation of the brain, 1—consumption, 14—croup, 2—diarrhoea, 1—dropsy in the head, 3—debility, 1—infantile diseases, 4—puerperal, 1—erysipelas, 1—typhoid fever, 2—scarlet fever, 1—hooping cough, 1—disease of the heart, 1—hæmorrhage, 1—intemperance, 1—inflammation of the lungs, 3—disease of the liver, 1—marasmus, 1—old age, 1—pleurisy, 2—palsy, 2—peritonitis, 1—syphilis, 1—smallpox, 7—teething, 2—inflammation of the womb, 1—worms, 1.

Under 5 years, 22—between 5 and 20 years, 5—between 20 and 40 years, 18—between 40 and 60 years, 9—above 60 years, 7. Born in the United States, 42—Ireland, 14—England 1—British Provinces, 2—Germany, 1—Flores, W. Ind., 1.

Association of Superintendents of Insane Asylums.—This Association, composed of Superintendents of Hospitals for the Insane, assembled in this city on Tuesday, 22d inst., at the State House. Dr. Luther V. Bell, of the McLean Asylum at Somerville, resigned his office as President, and Dr. Isaac Ray, of the Butler Hospital, Providence, was elected in his place. Dr. T. S. Kirkbride, of the Pennsylvania Hospital, Philadelphia, was chosen Vice President, and Dr. C. H. Nichols, of the General Hospital at Washington, Secretary. Papers were read and discussions were held on the management of the insane.

On Wednesday, by invitation of the Mayor, the Association assembled in the Common Council room, and papers were read, followed by discussions. In the afternoon they visited the University at Cambridge, and the McLean Asylum at Somerville. The session was continued through the week.

Dr. Shurtleff.—We learn with great pleasure that Nathaniel B. Shurtleff, M.D., of this city, was elected an Honorary member of the Royal Society of Antiquaries, of London, on the 3d inst., on the nomination of the President of the Society, the Earl of Stanhope, who is better known in this country by his former title, Lord Mahon. Dr. Shurtleff is well known for his useful antiquarian researches, of which a conspicuous proof has been exhibited in the preparation for the press of the Records of Massachusetts, printed under the authority of the Legislature, work which has been done with singular accuracy of detail, combined, moreover, with the greatest elegance in the appearance of the volumes. The completion is well deserved.—*Boston Transcript.*

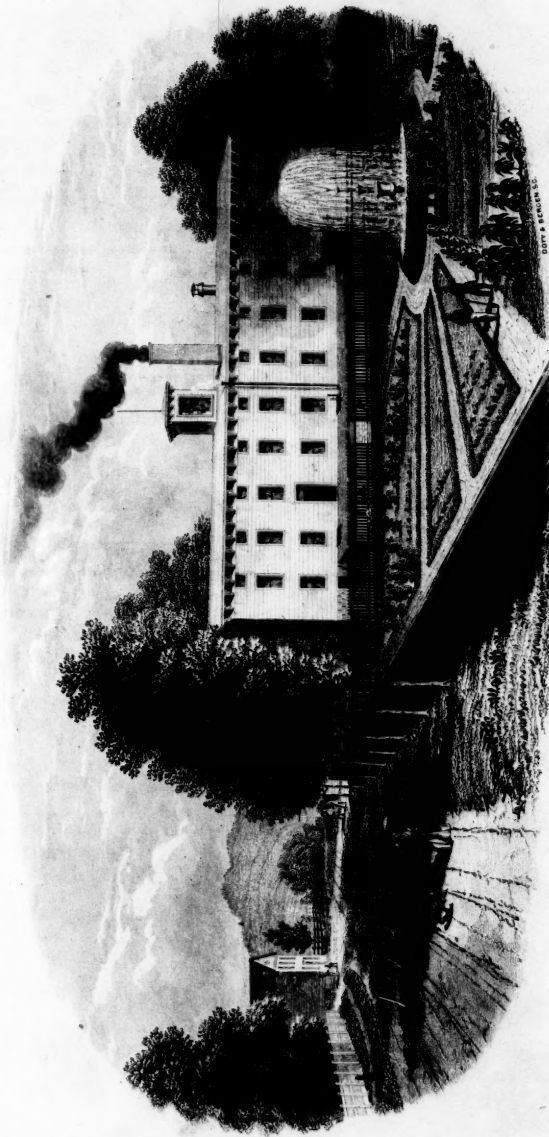
New Work by Professor Agassiz.—It is understood that Prof. Agassiz has now in the progress of preparation, as the fruit of his researches in the natural history of this country, materials sufficient for ten quarto volumes, to be entitled "Contributions to the Natural History of the United States," and that the first part may be expected soon to be ready for the press. Such a work from such a source, relating wholly to America, will be not less honorable to the country than to its author. It will diffuse a knowledge of American science, and contribute to elevate it in public estimation wherever intelligence and learning are considered as an index of intellectual culture and progressive civilization. A work of this kind must necessarily be expensive, by reason of the illustrative engravings which it requires, yet it can scarcely be doubted that, from patriotic feeling, it will meet with a generous patronage from the intelligent and liberal-minded generally, as well as from those who are specially interested in scientific inquiries.—*Advertiser.*

Death of an American Physician.—The Providence Journal mentions the death of Dr. Isaac Draper, Jr., an American surgeon in the Russian service, and son of Isaac Draper, Esq., of South Attleboro', Mass. He died at Sebastopol on the 20th of March, of typhus fever, after an illness of four weeks. He was 32 years old, and graduated at Brown University in 1844.

Suit against a Railroad.—The jury in the case of Dr. Charles H. Browne, against the New York and New Haven Railroad Company, to recover compensation for personal injuries sustained by the railroad accident at Norwalk, in May, 1853, which was held at Ipswich week before last, returned a verdict on Saturday the 19th inst., for the plaintiff, of sixteen thousand dollars. The damages claimed were twenty thousand dollars.

Tasteless Infusion of Senna.—Dr. Brandeis recommends a cold infusion of senna for 12 hours in a covered vessel, as especially useful in infantile therapeutics. By this modification of the process usually employed, the water contains only the cathartic and the coloring matter, leaving the essential oil, the fatty matter and the irritating resin, which are only soluble in hot water. Senna water thus prepared cold, is almost insipid, and its taste completely disappears when mixed with infusion of coffee or tea.—*Archives Generales de Medecine for April.*

Mineral Acids in Nausea and Vomiting during Pregnancy.—A writer in the Peninsular Journal of Medicine states, that he has successfully used the mineral acids for the relief of obstinate cases of vomiting during pregnancy. Some cases in which he administered dilute sulphuric acid are noticed, but the dose and method of administration are not stated.—*Philad. Medical News.*



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